Nova S
Public Health

PROVINCE OF NOVA SCOTIA

REPORT OF THE

Provincial Tuberculosis Hospitals

NOVA SCOTIA SANATORIUM

AND

POINT EDWARD HOSPITAL

FOR THE YEAR ENDED DECEMBER 31

1964

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To His Honour,

THE HONOURABLE H. P. MacKEEN, C.D., Q.C.

Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the report of the Provincial Tuberculosis Hospitals.

I have the Honour to be

Sir,

Your most obedient servant,

RICHARD A. DONAHOE, Q.C.
Minister of Public Health

J. S. ROBERTSON, M.D., D.P.H.,

Deputy Minister,

Department of Public Health

Sir:

I have the honour to submit the Seventh Annual Report of Provincial Tuberculosis Hospitals. This is made up of the Sixtieth Annual Report of the Nova Scotia Sanatorium and the Sixteenth Annual Report of Point Edward Hospital. These reports cover the calendar year, 1964. They are preceded by Table A, a combined statistical report.

Respectfully submitted,

J. E. HILTZ, M.D., D.P.H.,
Administrator
Tuberculosis Control Services

CONTENTS

	Page
Table A	8
Nova Scotia Sanatorium	9
Point Edward Hospital	37

TABLE A

COMBINED STATISTICAL REPORT FROM NOVA SCOTIA SANATORIUM AND POINT EDWARD HOSPITAL CONCERNING THE PATIENT POPULATION, EXCLUDING TREATMENT OF SICK STAFF, FOR CALENDAR YEAR 1964

	Nova Scotia Sanatorium Est. 1904	Point Edward Hospital Est. 1949	Both Hospitals
Number of patients in residence January 1, 1964	166	76	242
Number of patients admitted as first treatment experience during 1964	175	61	236
Number of patients admitted having had previous treatment for tuberculosis	75	23	98
Number of patients transferred from another institution	32	16	48
Number of patients admitted to continue treatment (temporarily released)	3	6	9
Number of patients admitted for review or evaluation only	12	43	55
Total admissions during year	297	149	446
Number of patients in residence during year	463	267	730
Number of patients discharged during year	320	179	499
Number of patients in residence January 1, 1965	143	88	231
Number of patient days of hospital care during year	56,314	26,484	82,798

Sixtieth Annual Report

INCLUDING

Medical Supplement

OF THE

Nova Scotia Sanatorium

FOR THE YEAR ENDING DECEMBER 31, 1964

GENERAL INFORMATION

NOVA SCOTIA SANATORIUM

Free treatment for tuberculous persons in Nova Scotia became effective July 1, 1946. Application for admission of a tuberculous patient to the Sanatorium is made by the family physician through the Director of the Health Unit of his district recommending further investigation and/or treatment for the patient. If approved, the Director then contacts the office of the Medical Superintendent requesting the admission which will be authorized without delay.

The Sanatorium may be reached daily by the Dominion Atlantic Railway. Taxis meet all trains at Kentville, from which it is only a short drive to the Sanatorium. Bus connections are also available daily to and from Kentville.

An information pamphlet, "Health Ahead", is available from all Health Unit Directors and from the Sanatorium. Prospective patients should read this before coming forward for admission in order to be informed regarding clothing requirements, visiting hours for friends and other pertinent matters.

NOVA SCOTIA SANATORIUM

Kentville, N. S.

1964

HONOURABLE RICHARD A. DONAHOE, Q.C.

Minister of Public Health

—ADMINISTRATIVE AND TECHNICAL STAFF—

Medical **Full Time Staff**

*J. E. Hiltz, M.D., D.P.H., F.C.C.P. — Medical Superintendent
*Helen M. Holden, M.D., F.C.C.P. — Asst. Medical Superintendent
*J. J. Quinlan, M.D., F.C.C.P. — Thoracic Surgeon
F. J. Misener, M.D., F.C.C.P. — Radiologist and Anaesthetist
A. Laretei, M.D. — Physician
Maria Rostocka, M.D. — Physician
G. A. Kloss, M.D., F.C.C.P. — Physician and Anaesthetist
E. W. Crosson, M.D. — Physician

Consulting Staff

*V. D. Schaffner, M.D., F.A.C.S. — Surgeon
*D.M. MacRae, M.D., F.C.C.P. — Bronchoscopist
*B. F. Miller, M.D., F.R.C.S. (Edin.) F.R.C.S. (Can.) — Consultant in Orthopedics
*E. J. Cleveland, M.D. — Consultant in Psychiatry
*F. R. Townsend, M.D. — Consultant in Psychiatry

Courtesy Consulting Staff

T. A. Kirkpatrick, M.D. — Obstetrics and Gynaecology
D. H. Kirkpatrick, M.D. — Anaesthesia

Dental
R. H. Stanford, D.D.S. — Dentist
K. B. Eaton, D.D.S. — Consultant Dentist

Nursing
Mrs. Hope M. Mack, R.N. — Director of Nursing
Miss Madeline Spence, R.N. — Director of Nursing Services
Robert MacKenzie, R.N. — Director of Nursing Education
Mrs. Leonora Spencer, R.N. — Clinical Instructor (retired 31.12.64)
Mrs. Catherine Boyle, R.N. — Clinical Instructor
Miss Vilda Skerry, R.N. — Clinical Instructor

Laboratory
Mrs. Mae Margeson, R.T. — Senior Technician
Miss Helen Morse, R.T. — Technician

Rehabilitation Department
F. G. Barrett, B.Sc., M.Sc. — Director of Rehabilitation
D. M. Brown, B.A., B.Ed., M.S.W. — Social Worker and Asst. Director

X-Ray Department
John L. Hines, R.T. — Senior Technician

*Certified in specialty by Royal College of Physicians and Surgeons of Canada

Physical Therapy Department
Mr. Adi S. Jagosh, R.T. ..... Therapist in Charge
Miss Peggy Giles ..... Asst. Therapist (resigned 12.6.64)
Mrs. Gertrude Cook, C.N.A. ..... Assistant Therapist

Dietary Department
Miss Eileen Quinlan, B.Sc. ..... Director of Dietary Service
Miss Virginia Allen, B.Sc. ..... Dietitian
Mrs. Mabel Lockhart ..... Dietitian (resigned 30.9.64)
Mrs. Josephine MacInnis, B.Sc. ..... Dietitian

Medical Records Department
Hector McKean, R.R.L. ..... Records Librarian

Business Office
F. F. Graham ..... Administrative Assistant (retired 31.7.64)
R. P. MacKenzie, B.Comm., D.H.A. ..... Administrative Assistant

Chaplains:
Very Rev. J. H. Durney, Parish Priest and Roman Catholic Chaplain
Rev. J. D. MacLeod, D.D., United Church Chaplain
Rev. J. A. Munroe, Anglican Chaplain
Prof. (Rev.) Charles Taylor, B.A., B.C. (Acadia), S.T.M., (Andover Newton)
Chaplain-Supervisor, Clinical Pastoral Training, Nova Scotia Sanatorium;
Associate Professor of Practical Theology, Acadia University.

This is the sixtieth annual report of the Nova Scotia Sanatorium to which the first patient was admitted on June 15, 1904. Our diamond jubilee year, 1964, passed very quietly without fanfare but with some satisfaction in regard to the accomplishments of this institution which was the first to be built in Canada by a provincial government for the care of tuberculous patients.

From its modest beginning with accommodation for eighteen patients it grew to the point where 400 persons were cared for at one time during the years of the second world war and subsequently. Then, due to attrition by fire, by the removal of extra beds set up to meet an urgent need and by closing out of some obsolete buildings, the bed capacity gradually was reduced to its present 200.

During 1964, more patients were treated at the Sanatorium than during 1963 or 1962 (Table I), 463 compared to 457 and 440 respectively. On the other hand, the number of patient days of treatment diminished by 7,590. This is a reflection of two trends, a) a relatively shorter period of in-sanatorium treatment and longer convalescent at-home treatment of tuberculous patients and, b) the referral by the family physicians and the Health Unit Directors of increasing numbers of patients with puzzling chest conditions to the Sanatorium for diagnosis and short term care.

This year, of the 297 patients admitted for one reason or another, 175 or 60 per cent came to the sanatorium as their first treatment experience (Table II), 75 or 25 per cent had previously had treatment elsewhere, whereas 32 or 11 per cent were direct transfers from other tuberculosis institutions.

Of all the patients discharged during the year, 185 had reinfection type of tuberculosis of the lungs, 17 had primary infection, mainly found in children, 4 had pleural effusion or wet pleurisy, 14 had tuberculous lesions of organs other than the lungs and 88 or approximately 40% had lung conditions which were not tuberculous (Table IIIa and IVa).

It has generally been true that tuberculous patients present our medical staff with myriad complications, both tuberculous and nontuberculous. The physicians must be alert to this possibility and equipped with knowledge to

deal with all the conditions which afflict the human race in general. The complications or conditions encountered during 1964 are listed in Table IIIc. The major complications among those discharged patients were diabetes (27 persons), emphysema (19), coronary heart disease (19), hypertensive cardiovascular disease (18), malignant disease (10) including four in which lung cancer complicated active tuberculosis of the lungs, the pneumonias (17), and severe psychiatric conditions (24).

Of the 88 persons discharged with a diagnosis other than tuberculosis (Table IV a), twelve had lung cancer. This is in addition to the four mentioned previously in whom lung cancer complicated active tuberculosis of the lung. In all but one of the sixteen cancer cases, the tumor was primary in the lung rather than a spread from some other location in the body. In only fourteen of the 88 patients who did not have tuberculosis were we able to give the patient the good news that no significant disease of any kind could be found.

As might be anticipated, most of the nontuberculous cases were referred to the Sanatorium by family physicians and Health Unit Directors living fairly close to the Sanatorium. This is shown in Table IV b. It is of interest that 200,000 Nova Scotians live closer to Kentville than to Halifax, the other main centre for the diagnosis of nontuberculous chest conditions. This, coupled with the fact that the Halifax hospitals have long waiting lists, has tended to increase the number of such cases sent here and has very materially increased our work load. The problems that such cases present are exacting and time consuming but frequently fascinating. We welcome this opportunity to be of service to our confreres and their patients.

Of the 220 tuberculous patients discharged, not including review cases, (Table V), only 27 were considered to have their disease in the inactive state. In 155, tuberculosis was still active but improved and should reach the inactive state after an appropriate period of drug treatment at home. All or nearly all of these patients have a good prospect of ultimate recovery if they continue home treatment in a conscientious manner.

Unfortunately, every patient is not conscientious. Some become disheartened and discontinue institutional treatment before they are medically ready for discharge. Others just cannot adjust to institutional life and must be discharged for the sake of the other patients whom they disturb. Fortunately, however, the total number of such patients is relatively small as indicated in Table VIa , b, c, d, and e. The percentage of such persons remains about 12 per cent which, however, is too high, (Table VI c), but less than in 1962 (16.6%) and 1961 (18.5%). Few such problems arise in our 60 year age group (Table VI d).

The trend is still toward fewer of our first admissions being in a far advanced stage of their tuberculous disease and more in the moderately advanced and minimal stages. This is as it should be but unfortunately one quarter of them are still far advanced (Table VII) before they are sent to the Sanatorium.

The average age of first admission cases (Table VIII a) is 41 years compared to approximately 30 years ten, twenty and thirty years ago. Thirty or 23 per cent of admissions were sixty years of age or older; fourteen or 10 per cent were under ten years of age.

Of all the patients in residence on the last day of the year, 3.8 per cent were over 80 years old, 11.4 per cent were over 70 years, and 28.1 per cent were over 60, while 9.1 per cent were under ten years of age. (Table VIII b) Over forty per cent of the patients remaining in hospital at year end had far advanced tuberculous disease of the lungs (Table VIII c).

The above tables refer mainly to patients who were discharged during the year whereas Table VIII e shows the age groups and sex of patients ad-

mitted during the year. The older age groups predominate here as well with about one quarter of the new admissions being over sixty years of age.

The county residence of patients discharged is shown in Table X.

MEDICAL SERVICE:

Our medical staff must possess diversified abilities. Not only are they required to diagnose and treat varied medical and surgical conditions but they must also be competent in anaesthesia, bronchoscopy, radiology, physical medicine and respiratory function testing. Of course, each person cannot be an authority in all fields but we must have two persons qualified in each area of endeavour in order that the work may continue in spite of sickness, vacations or other interruptions of the daily work routine. Patients somehow continue to need care after five o'clock and on week-ends so our physicians are "on call" on a rotation basis twenty-four hours per day, seven days per week. In addition to caring for patients, the Sanatorium runs a very active outpatient clinic two days a week and a sick staff clinic daily.

SURGICAL SERVICE:

The work of our surgical department is outlined in Table XI, a to c. The major undertakings were in the form of removal of lung tissue for tuberculosis on sixty occasions and for other conditions on 17 occasions. We are not slacking in our endeavours in this regard for tuberculous patients. We still consider that we should remove surgically those appreciable residual tuberculous lesions which may break down in later years. By so doing, we are limiting the possible spread of disease to others—often a spread of drug resistant bacilli—and we are sparing the patient the disappointment of another period of treatment.

Three babies were born at the Sanatorium to tuberculous mothers during 1964 (Table XI E).

X-RAY SERVICE:

This department remained busy during 1964. Total services to our inpatients remained much the same but our film developing service for the Health Unit Directors increased by about 25 per cent. Almost 12,000 x-ray films were developed here on a demand basis for the Directors as part of their Clinic Services and follow up of Tuberculin Test surveys. (Table XII)

LABORATORY SERVICE:

Fortunately there has been some slight falling off in the laboratory work at the Sanatorium in 1964 compared to 1963 but this is still a great increase over previous years. Our diabetic patients alone required the performance of over 1100 blood sugar estimations. The testing of tubercle bacilli for drug resistance is also a time consuming procedure but a very valuable one.

During the year we were pleased to have an honours student in microbiology from Acadia University working in our laboratory carrying out a research project in respect to the possible infection of our patients by atypical acid fast bacilli, and trying to determine the cause of the pigment generated by such bacteria.

OUTPATIENT CHEST CLINIC SERVICE:

The Sanatorium operates an Outpatient Clinic two full afternoons each week and by appointment on other occasions. To this clinic, the family physicians and health unit directors refer old cases for assessment and new cases for diagnosis. The attendance in 1964 exceeded the 1963 figure by 169 (Table XIV A), for a total of 3077 examinations. Of these, only 1210 were Sanatorium staff examinations. Not only were we able to assure many hun-

dreds of ex-patients that their disease had remained well healed but the Clinic detected four new cases of active tuberculosis and also three whose previously healed disease had become active once more.

B.C.G. vaccination against tuberculosis was carried out on 38 occasions, mainly for hospital personnel.

BRONCHOSCOPIC SERVICE:

There was a further increase this year in our bronchoscopies which numbered 231 compared to 197 and 175 in 1963 and 1962 respectively. This represents about 20 such procedures each month and is a reflection of the increased demand for diagnostic services at the Sanatorium. (Table XIV B)

PHYSICAL THERAPY SERVICE:

The services of this department, each year, are in greater demand due to requirements of modern treatment and the need of our ageing population. In addition to the usual passive and active exercises, massage, muscle stimulation, and heat treatments in the form of infrared, short wave, wax baths and steam packs, this department carries out our pulmonary function testing, our electrocardiographic examinations and our inhalation therapy. During the year, over 2000 inhalation treatments were given using special Bird respirators. There is a real need for one more fully trained physiotherapist in this department.

MENTAL HEALTH SERVICE:

We greatly appreciate the very fine co-operation we receive from the staff of the Fundy Mental Health Centre in Wolfville. The psychiatrists there visit the Sanatorium every week in order to help our patients with their emotional problems and also to lecture to our student nurses. A report of their work here is summarized in Table XIV D.

DENTAL SERVICE:

This department continued to provide services to the Sanatorium two mornings a week (Table XIV E). Our patients receive necessary extractions, fillings and dental prophylaxis without charge and pay only the laboratory fees when dentures are required.

REHABILITATION SERVICE:

Our affiliation with the Maritime School of Social Work continued during the year. In May, Miss Eleanor Archibald of Wolfville and Miss Floria Makoon-Singh of Trinidad completed internships here.

They were replaced by

Miss Patricia Sullivan, and
Miss June Johnson

Their work at the Sanatorium is supervised by our own social worker, Mr. Brown. In theory, students stimulate staff to do better work themselves and I am sure that they do. They also provide additional social work services for our patients.

During the year one of our teachers resigned. Due to a slightly smaller patient body, we have not replaced her but, instead, our very capable Radio Operator has assumed some teaching duties as well.

The following statistics indicate briefly some of the work of the department:

	Individual Patients Served		
Academic:	1962	1963	1964
School age (0-16)	26	35	23
Past school age (17-21)	14	8	10
Adults (over 21)	33	24	36
By correspondence (NEC)	0	1	0
New Canadian Language	2	0	0
	75	68	69
Business, Industrial, etc.			
Typing	19	22	16
Arithmetic, bookkeeping, etc.	24	20	18
Sewing	35	46	48
Bookbinding	1	1	1
Woodwork	40	29	15
Radio	1	2	0
Watch Repair	1	1	0
Music	1	1	0
	121	122	98
Handcraft:			
a. In shop:			
Photography	1	0	1
Weaving	2	0	0
Leatherwork	107	81	70
Pottery	58	9	0
Other	8	38	24
b. At bedside:			
Individual instruction	165	136	105
	341	264	200
GRAND TOTAL	537	454	367

In addition to social work, handcrafts and academic teaching, the Rehabilitation Department co-ordinates the work of our Chaplaincy services. It arranges for monthly card parties which are sponsored for patients by community groups, mainly the local churches. Transportation is provided for patients to see the Annual Apple Blossom Festival Parade. In co-operation with Miss Amy Elliott, Health Educator of the Department of Public Health, a Homelovers Club was organized and was very successful. From eight to twenty-five patients met with special speakers two evenings a week to discuss problems to be met by them at home. Subjects covered included balanced diets, economical purchasing, credit buying, family emotional problems, discipline of children and other practical matters. The first course of eight sessions was so popular that a second more comprehensive one had to be organized for early in the new year.

The Rehabilitation Department also supervises our Radio Station SAN which provides earphone entertainment from 7 a.m. to 10:30 p.m. daily, operates our Patients' Library with over 4000 volumes and helps to publish our Health Rays Magazine which is in its 45th year of continuous monthly publication.

PROFESSIONAL EDUCATION:

(a) Medical: Staff meetings were continued two full afternoons each week in order to review the status and medical requirements of all patients having special or x-ray examinations since the previous meeting. All such cases, including new admissions, are discussed by the entire medical staff working as a team. Regular meetings of the Tissue, Medical Records and Pharmacy Committees are held monthly. The Journal Club meets each week from October to May. Senior members of the Nursing and Laboratory staffs are guests of the Journal Club which serves as a forum for the discussion of modern treatment methods in respect to many diseases.

(b) Nursing: The nursing staff is made up of registered nurses, certified nursing assistants and aides. Some have been on the staff for many years and give considerable stability to the nursing service.

The nursing staff meets regularly for in-service education staff conferences, head nurse and supervisor conferences on a weekly basis. Senior nurses also attend the weekly Journal Club.

In January, representatives met at the Sanatorium from all the schools of Nursing from which we receive affiliate students. The day was devoted to a "refresher course" in tuberculosis and a discussion of problems associated with affiliation.

The Nova Scotia Sanatorium Postgraduate Course in Tuberculosis Nursing continued to attract registered nurses. Five nurses completed it during 1964.

During the year, 251 student affiliate nurses from eight Schools of Nursing in Nova Scotia continued their four-week affiliation at the Sanatorium.

Our School for Nursing Assistants has been in operation for sixteen years. It offers a one-year course for applicants with a minimum of Grade IX academic standing. Most of our students actually have grades ten or eleven. In February, it was decided to take in a single large class for the year instead of two smaller classes as in the past. Therefore, there was only one small class of fifteen students to graduate in January.

Since 1948, the following nursing groups have received instruction here:

	1964	Total to date
Postgraduate Nurses	5	114
Affiliate Student Nurses	251	2661
Student Nursing Assistants		
Completed course	15	252
Discontinued course	8	123
Still on course	19	

(c) Rehabilitation: As mentioned previously, two students from the Maritime School of Social Work undertook an internship here for the academic year under the direction of our Social Worker. They participated as well in seminars with students from Acadia University taking the winter course in Clinical Pastoral Training at the Sanatorium.

(d) Administrative: Mr. Robert Pringle MacKenzie, B.Comm., completed his work in Hospital Administration at the University of Toronto and joined our staff in June as Administrative Assistant. He is presently helping to streamline certain departments at the Sanatorium with a view to greater efficiency.

(e) Clinical Pastoral Training: For the twelfth consecutive year, Acadia University and the Institute of Pastoral Training conducted at the Sanatorium a six-week course for ministers, missionaries, deaconesses, theology students and others. Stress is laid upon the psychological aspects of illness and caring for the sick and dying. Full university credits are given to those completing the course. A similar course is given to Acadia University Theology Students during the regular academic year.

* * * * * * * * * * * * *

During 1964, the following papers were published by staff members:

1. "The History of Thoracic Surgery": Dr. J. J. Quinlan, Nova Scotia Medical Bulletin, August 1964

2. "Tb. and the Teacher": Dr. J. E. Hiltz, The Nova Scotia Teacher, October 1964

* * * * * * * * * * * * *

One of the major steps taken at the Sanatorium in 1964 was the closing out of Pavilion VI during March. This was made possible by the decrease in the size of our patient body and by some re-organization of our medical services. All patients now are treated in the East Infirmary and the West Infirmary and the Annex which are conveniently connected by tunnel. Such was not the case in regard to our pavilions.

* * * * * * * * * * * * *

As outlined in some detail in our 1963 report, the Sanatorium continued to provide the following special services:

1. The Tuberculosis Control Services of the Department of Public Health are centered here and the Tuberculosis Index is kept in our Medical Records Department.

2. As stated before, the Sanatorium provides an x-ray film developing service for Health Unit Directors. This year, this involved the processing of some 12,000 standard sized x-ray films.

3. Our electrocardiographic service to Point Edward Hospital was continued with the interpretation of 91 tracings. (Table XIV F)

4. The Nova Scotia Sanatorium provides heat for the Department of Lands and Forests Building on Exhibition Street and also heat, light and janitor service for the Provincial offices of Education, Public Health and Lands and Forests in Pavilion VI.

5. The Nova Scotia Sanatorium Fire Department responds to alarms in the Kentville area to meet special emergencies.

6. The facilities of Miller Hall continue to be used for community meetings of scientific, professional, and paramedical groups.

We consider it a privilege to be of service to the community at large in respect to the above.

* * * * * * * * * * * * *

During the year, once again, many friends of the Sanatorium remembered our patients by donations of books to our Patients' Library, records for our Radio Station SAN, money for our Patients' Comfort Fund, and by games and flowers for our bed patients. Local citizens provided transportation so that our patients might see the Apple Blossom Festival Parade and also view the countryside. The Clinical Pastoral Training students provided a picnic

and drive for our high exercise patients. During the summer, Very Reverend Father Durney arranged for small groups of patients to be taken for drives each week. At Christmas time, all the churches, the Salvation Army, the Red Cross Society, the Rotary Club, the I.O.D.E., the Canadian Legion, and the Silver Cross Women of Canada remembered our patients with gifts and good wishes. A number of talented musicians came to the Sanatorium to play our electric organ or present choral selections throughout the year and carols during the Christmas Season. The Walter Callow buses took most of our patients on a two to four hour tour of the countryside during the summer. The different church groups and the I.O.D.E. continued to sponsor monthly card parties for up-patients once a month. We have tried to thank all these persons either by mail or in our magazine, Health Rays, but in case some have been overlooked, we say another sincere "thank you" at this time.

J. E. HILTZ, M.D.,
Medical Superintendent

December 31, 1964

NOVA SCOTIA SANATORIUM

STATISTICAL REPORT

FOR THE CALENDAR YEAR ENDING DECEMBER 31, 1964

Table I

	Calendar Year 1962	Calendar Year 1963	Calendar Year 1964
Number of patients discharged since November 30, 1904	11,604	11,814	12,042
Number of patients in residence at first of year	201	139	166
Number of patients admitted during the year	168	226	200
Number of patients admitted for review during the year	1	2	0
Number of patients readmitted* during year	54	70	85
Number of patients readmitted* for review during year	16	20	12
Total number of patients treated during year	440	457	463
Number of patients discharged for the first time during year	205	203	228
Number of readmitted* patients discharged during year	79	66	80
Number of review patients discharged during year	17	22	12
Total number of patients discharged during year	301	291	320
Number of patients in residence on last day of year	139	166	143
Number of patient days treatment	64,486	63,904	56,314
Number of patient days treatment, non tuberculous patients (included above)	2,395	2,102	4,116**

* Readmitted means previously treated at **this** institution.
** 4116 days do **not** include 378 days hospital service to 92 sick staff.

Table II — **ADMISSIONS DURING YEAR—SOURCE OF PATIENTS (Dominion Bureau of Statistics Classification)**

First admission to any institution	107	147	175
Readmission—previously treated at any institution	51	69	75
Transfer direct from another institution	60	75	32
To continue treatment (temporarily released)	4	5	3
Review only (evaluation—no treatment)	17	22	12
TOTAL	239	318	297

Table III (a)

DIAGNOSIS OF ALL PATIENTS DISCHARGED DURING YEAR

(Review cases are excluded)

	First Admissions	Readmissions*
Pulmonary tuberculosis—reinfection type	114 or 50.0%	71 or 88.7%
Pulmonary tuberculosis—primary active	17 or 7.5%	
Pleurisy with effusion—suspected tuberculosis	4 or 1.8	
Tuberculosis of ankle		1 or 1.2
Tuberculosis of kidney	5 or 2.2	
Tuberculosis of lymph nodes	3 or 1.3	1 or 1.2
Tuberculosis of spine	1 or 0.4	1 or 1.2
Tuberculosis of thumb		1 or 1.2
Tuberculosis of wrist	1 or 0.4	
Pulmonary disease—non tuberculous	83 or 36.4	5 or 6.2
ALL DIAGNOSES	228 or 100%	80 or 100%

Table III (b)

FINAL PRINCIPAL TUBERCULOSIS DIAGNOSIS OF REVIEW CASES DISCHARGED DURING THE YEAR

	Active	Inactive
Tuberculosis of Lung:		
Minimal	0	1
Moderately advanced	1	3
Far advanced	3	1
Other tuberculosis	2	1
TOTAL	6	6

Table III (c)

COMPLICATIONS OF PATIENTS DISCHARGED

Calendar Year 1964

(Excludes all principal diagnoses shown in Tables III (a), III (b) & IV (a)

A. TUBERCULOUS CONDITIONS:	
Abscess, chest wall	1
Abscess, ischiorectal	3
Bones and Joints:	
a) ankle	2
b) hip	2
c) spine	4
d) wrist	1
*Bronchiectasis	32
*Bronchopleural fistula	15
*Empyema	5
Genitourinary	7

Lymphadenitis	2
Meningitis	1
Peritonitis	2
*Pleurisy with effusion	10
*Silicotuberculosis	1
Skin	1
*Tracheobronchitis	3
TOTAL	92

* indicates diseases of chest other than heart
CV indicates diseases of heart and blood vessels

Table IV (a)

NON-TUBERCULOUS PATIENTS—DIAGNOSIS ON DISCHARGE

(includes sick staff admitted to other than sick staff rooms for care of minor illnesses)

	First Admissions	Readmissions*
Abscess, lung	2	
Asthma, bronchial	3	
Atresia, oesophageal	1	
Bronchiectasis, non tuberculous	3	2
Carcinoma, bronchogenic	11	
Carcinoma, lung secondary, primary colon	1	
Cyst, pulmonary	1	
Cystic disease of lung	2	1
Farmers' lung	2	
Fibrosis of lung	4	
Foreign body reaction mastectomy scar	1	
Histoplasmosis	1	
Ischiorectal abscess	1	
Mediastinal lymphadenopathy, malignant	1	
Neurilemmoma	1	
Neurogenic tumour—not specified	1	
Pleurisy with effusion, non tuberculous	3	
Pneumonia, broncho	8	
Pneumonia, lobar	4	
Pneumonitis	2	
Sarcoidosis, pulmonary	6	
Silicosis	2	
Spondylitis, traumatic	1	
Spontaneous pneumothorax	1	
Upper respiratory infection	2	
Tuberculin Converter	2	
No evidence of significant disease	14	2
No diagnosis	2	
TOTAL	83	5

* Previously treated at this institution

Table IV (b)

NON TUBERCULOUS PATIENTS DISCHARGED—Year 1964

Health Unit referring case

Health Unit	First Admissions	Readmissions*
Atlantic	6	2
Cape Breton—North	1	
Cape Breton—South	1	
Cobequid	7	
Fundy	41	2
Halifax City	1	
Lunenburg-Queens	10	
Northumberland	9	1
Western	7	
ALL UNITS	83	5

Table V

DISCHARGE CONDITION OF PATIENTS WITH TUBERCULOSIS ALL FORMS

(Review cases excluded)

Calendar Year 1964

	First Admissions	Readmissions*
Inactive	13 or 8.9%	24 or 32.0%
Active improved	117 or 80.7	37 or 49.3
Active unimproved		4 or 5.3
Activity undetermined	1 or 0.7	
Died	14 or 9.7	10 or 13.3
ALL DISCHARGES	145 or 100%	75 or 100%

* Readmissions—previously treated at this institution

Table VI (a)

TYPES OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS—ALL FORMS

First Admissions

	Calendar Year 1964			Calendar Year 1963	Calendar Year 1962
	Male	Female	Total		
On Medical Advice to home (without drugs)	11 or 13.1%	1 or 1.6%	12 or 8.3%	25 or 17.0%	16 or 11.0%
To continue drugs at home	45 or 53.5%	38 or 62.3	83 or 57.2	74 or 50.3	87 or 59.6
Transfer to other institution	10 or 11.9	5 or 8.3	15 or 10.3	18 or 12.2	11 or 7.5
Against medical advice	9 or 10.7	10 or 16.4	19 or 13.1	14 or 9.5	15 or 10.3
Misconduct	1 or 1.2	1 or 1.6	2 or 1.4	6 or 4.1	8 or 5.5
Died	8 or 9.5	6 or 9.8	14 or 9.7	10 or 6.8	9 or 6.1
TOTAL	84 or 100%	61 or 100%	145 or 100%	147 or 100%	146 or 100%

Table VI (b)

READMISSIONS*

	Calendar Year 1964			Calendar Year 1963	Calendar Year 1962
	Male	Female	Total		
On Medical Advice to home (without drugs)	21 or 43.8%	13 or 48.1%	34 or 45.3%	29 or 52.7%	22 or 31.0%
To continue drugs at home	14 or 29.2	8 or 29.6	22 or 29.3	18 or 32.7	22 or 31.0
Transfer to other institution	1 or 2.1	1 or 3.7	2 or 2.6	2 or 3.7	5 or 7.0
Against medical advice	3 or 6.2	4 or 14.8	7 or 9.3	2 or 3.7	10 or 14.1
Misconduct			0 or 0.0	0 or 0.0	3 or 4.2
Died	9 or 18.7	1 or 3.7	10 or 13.3	4 or 7.2	9 or 12.7
TOTAL	48 or 100%	27 or 100%	75 or 100%	55 or 100%	71 or 100%

*Previously treated at this institution

Table VI (c) TYPE OF DISCHARGE OF PATIENTS—TUBERCULOSIS—ALL FORMS

All Discharges—Admissions and Readmissions*
(Review cases excluded)

	Calendar Year 1964	Calendar Year 1963	Calendar Year 1962	Calendar Year 1961
On Medical Advice to home (without drugs)	46 or 20.9%	54 or 26.8%	38 or 17.5%	63 or 25.3%
To continue drugs at home	105 or 47.7	92 or 45.5	109 or 50.2	102 or 41.0
Transfer to other institution	17 or 7.7	20 or 9.9	16 or 7.4	25 or 10.0
Against medical advice	26 or 11.8	16 or 7.9	25 or 11.5	41 or 16.5
Misconduct	2 or 0.9	6 or 3.0	11 or 5.1	5 or 2.0
Died	24 or 10.9	14 or 6.9	18 or 8.3	13 or 5.2
TOTAL	220 or 100%	202 or 100%	217 or 100%	249 or 100%

Table VI (d) IRREGULAR DISCHARGES TUBERCULOSIS—ALL FORMS—AGE GROUPS**

Age Groups	Calendar Year 1964				1964 Total and percentage of all discharges in same age group	1963 Total and percentage of all discharges in same age group
	First Admissions		Readmissions*			
	Males	Females	Total	Total		
0– 9	0 or 0.0%	2 or 16.7%	2 or 13.3%	0 or 0.0%	2 or 13.3%	1 or 11.1%
10–19	2 or 40.0	1 or 14.3	3 or 25.0	0 or 0.0	3 or 23.1	2 or 14.3
20–29	2 or 28.6	4 or 33.3	6 or 31.6	1 or 33.3	7 or 31.8	5 or 20.8
30–39	2 or 13.3	2 or 28.6	4 or 18.2	1 or 9.1	5 or 15.1	4 or 10.8
40–49	2 or 16.7	1 or 14.3	3 or 15.8	3 or 12.5	6 or 13.9	7 or 18.4
50–59	2 or 10.0	1 or 16.7	3 or 11.5	2 or 10.5	5 or 11.1	2 or 5.6
60+	0 or 0.0	0 or 0.0	0 or 0.0	0 or 0.0	0 or 0.0	1 or 2.3
All Ages	10 or 11.9%	11 or 18.0%	21 or 14.0	7 or 9.3%	28 or 12.7%	22 or 10.9%

*Previously treated at this institution
**Against medical advice and for misconduct (percentage refers to ratio of irregular discharges to total number of discharges in that age group)

Table VI (e)

IRREGULAR DISCHARGES

AMERICAN THORACIC SOCIETY FORMULA

Total number of patients discharged Jan. 1 to Dec. 31, 1964		320
Total deductions		140
a) Deaths	28	
b) Non Tb. discharges	83	
c) Transfer to other hospitals for continuation of Tb. treatment	17	
d) Discharges of patients admitted for observation, diagnostic procedures, special examinations, or follow-up and for whom less than 30 days' hospitalization was anticipated by original intent	12	
e) Discharges of court order patients from locked wards	0	
Net Tb. discharges		180
Total irregular discharges		28
a) Against medical advice (disease unstable: 11)	26	
b) Disciplinary (disease unstable: 0)	2	
Per cent irregular discharges 1964 (item 4 ÷ 3 x 100)		15.5%
Per cent irregular discharges 1963	13.1	
Per cent irregular discharges 1962	19.7	
Per cent irregular discharges 1961	21.8	
Per cent irregular discharges 1960	19.2	
Per cent irregular discharges 1959	39.5	

Table VII

ADMISSION DIAGNOSIS OF PATIENTS DISCHARGED

(Pulmonary tuberculosis only)
Review cases excluded

Admission Diagnosis	FIRST ADMISSIONS						Readmissions*
	Calendar Year 1964			Fiscal years ending in 1954	1944	1934	Calendar Year 1964
	Males	Females	Total	Total	Total	Total	Total
Primary	7 or 9.1%	10 or 18.5%	17 or 13.0%				
Minimal	13 or 16.9	17 or 31.5	30 or 22.8	12 or 7.4%	58 or 15.8%	12 or 9.8%	19 or 26.8%
Moderately advanced	32 or 41.5	17 or 31.5	49 or 37.4	96 or 59.3	146 or 39.8	23 or 18.9	22 or 31.0
Far advanced	22 or 28.6	10 or 18.5	32 or 24.4	54 or 33.3	163 or 44.4	87 or 71.3	30 or 42.2
Silicotuberculosis	3 or 3.9		3 or 2.3				
TOTAL	77 or 100%	54 or 100%	131 or 100%	162 or 100%	367 or 100%	122 or 100%	71 or 100%

*Previously treated at this institution

Table VIII (a)

AGES AT TIME OF ADMISSION OF PATIENTS DISCHARGED DURING 1964

Pulmonary Tuberculosis only—Primary and Reinfection Type

(Review cases excluded)

	FIRST ADMISSIONS						Readmissions*
	Calendar Year 1964			Fiscal years ending in 1964	1964	1964	Calendar Year 1964
	Males	Females	Total	Total	Total	Total	Total
0— 9	3	11	14	3	1	0	0
10—19	5	6	11	26	19	18	0
20—29	7	10	17	63	190	70	3
30—39	13	7	20	36	100	21	9
40—49	11	7	18	26	32	6	24
50—59	17	4	21	5	17	6	19
60+	21	9	30	3	8	1	16
Total	77	54	131	162	367	122	71
Average ages	46.0	34.2	41.1	29.9	30.1	28.0	50.9
Average ages 1963 report	45.9	40.4	43.7				51.7
Average ages 1962 report	42.6	31.7	37.9				50.3

Table VIII (b)

AGE GROUPS AND SEX OF PATIENTS IN RESIDENCE

(Actual age on last day of year)

Tuberculosis—All forms
(Review cases excluded)

Age Group	On December 31, 1964					On December 31, 1963		On December 31, 1962	
	Male	Female	Total	Percentage		Total	Cumulative Percentage	Total	Cumulative Percentage
				Actual	Cumulative				
0— 4	4	1	5	3.8	3.8	10	6.2	5	3.6
5— 9	4	3	7	5.3	9.1	5	9.3	4	6.5
10—14	0	0	0	0.0	9.1	6	13.0	2	8.0
15—19	2	3	5	3.8	12.9	5	16.1	5	11.6
20—29	6	5	11	8.3	21.2	17	26.7	9	18.2
30—39	12	8	20	15.1	36.4	26	43.0	21	33.5
40—49	17	10	27	20.4	56.8	26	59.3	26	52.5
50—59	14	6	20	15.1	71.9	29	77.5	26	71.5
60—69	20	2	22	16.7	88.6	15	86.9	18	84.6
70—79	6	4	10	7.6	96.2	17	97.5	18	97.7
80+	4	1	5	3.8	100.0	4	100.0	3	100.0
All Ages	89	43	132	100%		160		137	

Table VIII (c)

EXTENT OF DISEASE AND SEX OF PATIENTS IN RESIDENCE

Tuberculosis—All Forms

(Includes First Admissions and Readmissions, excluding review)

December 31, 1964

Extent of Disease	Males	Females	Total	Percentage
Primary	7	1	8	6.1
Minimal	9	5	14	10.6
Moderately advanced	28	15	43	32.6
Far advanced	40	18	58	43.9
Other tuberculosis	5	4	9	6.8
All Diagnoses	89	43	132	100%

Table VIII (d)

AGE GROUPS AND PRINCIPAL TUBERCULOSIS DIAGNOSIS OF PATIENTS IN RESIDENCE

Age Group	December 31, 1964						Dec. 31 1963 Total
	Primary	Minimal	Mod. Advanced	Far Advanced	Non Respiratory	Total	
0— 4	2	0	0	1	2	5	10
5— 9	5	0	0	0	2	7	5
10—14	0	0	0	0	0	0	6
15—19	0	0	2	3	0	5	5
20—29	1	2	4	2	2	11	17
30—39	0	3	5	11	1	20	26
40—49	0	4	10	12	1	27	26
50—59	0	1	8	11	0	20	29
60—69	0	2	8	12	0	22	15
70—79	0	0	4	5	1	10	17
80+	0	2	2	1	0	5	4
All Ages	8	14	43	58	9	132	160

Table VIII (e)

AGE GROUPS AND SEX OF PATIENTS ADMITTED AND READMITTED DURING THE YEAR

Tuberculosis—All Forms
(Review cases excluded)

Age Group	Calendar Year 1964				1963		1962	
	Male	Female	Total	Percentage	Total	Percentage	Total	Percentage
0— 4	3	2	5	2.6	10	4.4	6	3.8
5— 9	4	2	6	3.2	8	3.5	2	1.3
10—14	0	0	0	0.0	8	3.5	3	1.9
15—19	3	3	6	3.2	10	4.4	10	6.3
20—29	8	9	17	9.0	31	13.6	20	12.6
30—39	19	7	26	13.8	42	18.5	27	17.0
40—49	23	18	41	21.7	42	18.5	31	19.5
50—59	30	9	39	20.6	32	14.1	20	12.6
60—69	26	3	29	15.3	17	7.5	19	11.9
70—79	9	5	14	7.4	19	8.4	17	10.7
80+	4	2	6	3.2	8	3.5	4	2.5
All Ages	129	60	189	100%	227	100%	159	100%

Table X

RESIDENCE OF PATIENTS DISCHARGED

Tuberculosis—All Forms

(Review cases excluded)

Calendar Year 1964

	First Admissions			Readmissions*		
	Males	Females	Total	Males	Females	Total
Annapolis Co.	1	3	4	1	1	2
Antigonish Co.	6	1	7	1	1	2
Cape Breton Co.	6	3	9	2	3	5
Colchester County	6	0	6	2	0	2
Cumberland Co.	7	1	8	1	0	1
Digby Co.	5	3	8	4	2	6
Guysborough Co.	3	7	10	1	1	2
Halifax City	6	6	12	2	0	2
Halifax Co.	17	12	29	7	2	9
Hants County	4	4	8	1	6	7
Inverness Co.	2	0	2	0	0	0
Kings Co.	9	6	15	8	4	12
Lunenburg Co.	1	2	3	6	3	9
Pictou Co.	3	3	6	7	2	9
Queens Co.	0	0	0	1	1	2
Richmond Co.	1	3	4	0	0	0
Shelburne Co.	2	1	3	1	0	1
Victoria Co.	0	0	0	1	0	1
Yarmouth Co.	4	6	10	2	1	3
Out of Province	1	0	1	0	0	0
TOTAL	84	61	145	48	27	75

*Previously treated at this institution

Table XI

SURGICAL PROCEDURES

Calendar Year 1964

A.	Artificial Pneumoperitoneum:		
	Number of patients		1
	Number of refills		30
B.	Primary Thoracoplasty		0
C.	Pulmonary Resections		77
	Indications: (including biopsy* for diagnostic purposes)		
	Bronchiectasis	3	
	Carcinoma, bronchogenic (2 had Tb. as well)	5	
	Cyst, bronchogenic	2	
	Emphysema, bullous	1	
	Farmers' Lung	1*	
	Hamman-Rich Syndrome	1*	
	Histoplasmosis	1	
	Sarcoidosis	3*	
	Tuberculosis (1 had Ca. as well)	60	
	For Pulmonary Tuberculosis: Type of operation		
	Pneumonectomy	3	
	Lobectomy and Segmentectomy	2	
	Lobectomy	26	
	Segmentectomy, multiple	3	
	Segmentectomy	12	
	Wedge Resection, multiple	2	
	Wedge Resection	12	
	Results:		
	Greatly improved	44	
	Improved	9	
	Unimproved	4	
	Dead	3	

Causes of Death
1. Haemorrhage on table
2. Pulmonary Embolism (5 days postoperatively)
3. Acute renal failure (7 days postoperatively)

Operative Mortality (within 60 days) 5.0%**

**Based on tuberculosis cases only

Table XII

X-RAY DEPARTMENT REPORT

Abdominal (flat film)	25
Barium enema	11
Bones & Joints	212
Bronchograms	105
Chest	4633
Dental	13
Fistula, contrast media	13
Gall Bladder	4

Gastrointestinal (complete)		37
Kidney-Ureter-Bladder		17
Outside films —interpreted		3038
—Interpreted for Director of Tuberculosis Control, City of Halifax	2013	
—Others	1025	
Planigraphs		158
Sinus and mastoid		7
Total		8273

3183 Out-patient x-ray examinations included in above table.

Film developing service for Department of Public Health:

Cobequid Health Unit	3762
Fundy Health Unit	2381
Northumberland Health Unit	1898
Western Health Unit	3730
All Units	11,771

Table XIII

LABORATORY REPORT

Units of Work performed:	1964	1963	1962
General Laboratory	71,711	70,629	59,036
Milk and Water Laboratory	13,483	17,831	15,080
Total Units performed in Nova Scotia Sanatorium Laboratory	85,194	88,460	74,116
Units of Work performed for the Sanatorium by Public Health, Red Cross and Biochemistry Laboratories, Halifax	6,437	5,420	3,643
Total Units of Work for Sanatorium specimens	91,631	93,880	77,759

Table XIV

SPECIAL SERVICES

			1964	1963
A.	Outpatient Department:			
	(1) Total visits to chest clinic		3077	2908
	Ex-patients	663		
	Staff	1210		
	Others	1204		
	(2) Number of old cases reactivated		3	2
	(3) Number of newly diagnosed cases		4	4
	(4) B.C.G. Clinic:			
	Total vaccinations		38	24
	Nurses—graduate	0		
	student	0		
	others	26		
	Other hospital personnel	5		
	Adults and children—contacts	0		
	Adults and children—not contacts	7		
B.	Bronchoscopy Service:			
	Bronchoscopy examinations		231	197
C.	Physical Therapy Service:			
	(1) Treatments:			
	Exercise—active and passive		4508	4777
	Massage		1053	310
	Infra Red Light Therapy		796	564
	Short Wave Therapy		402	175
	Steam Packs		517	481
	Wax Baths		584	768
	Intermittent Positive Pressure Breathing		2092	532
	Postural Drainage		291	....
	(2) Diagnostic Procedures:			
	Electrocardiograms		240	132

D.	Psychiatric Service	Patients	Visits
	Service by Psychiatrists		
	To Psychotics	1	1
	Psychoneurotics	5	13
	Personality Disorders	5	11
	Brain Disorders	3	5
	Mental Deficiency	3	4
	Epilepsy	2	4
	Situational Adjustment Reactions	3	7
	Consultation only	4	4
		26	49
	Service by Psychologist:	2	2
	Psychiatric Lecture Series to Nurses-in-Training		12

E.	Dental Services:	
	Examinations	101
	Prophylactic treatments	70
	Extractions	303
	Fillings	187
	Artificial dentures (professional service only)	33

F. Special Examinations:

Autopsies			
In patients			8
Others (service to local physicians)			3
Sanatorium deaths	28	Autopsy rate	28.6%
Electrocardiograms interpreted for Point Edward Hospital			91
Injection of joint			28
Lumber puncture			7
Pelvic examinations			27
Prenatal examinations			34
Sigmoidoscopy			1
Sternal puncture			9

Table XV

SPONSORSHIP OF PATIENT HOSPITALIZED

	1962	1963	1964
Department of National Defence —Army	2	2	0
Navy	2	0	0
Air Force	0	1	3
Department of National Health & Welfare, Medical Services:			
a) Immigration Medical Service	0	0	1
b) Indian and Northern Health Services	12	11	6
c) Sick Mariners Services	4	3	1
Department of Veterans Affairs:	40	25	21
Reciprocal Agreement:			
a) with Ontario	1	1	1
b) with New Brunswick	0	0	0
c) with Prince Edward Island	0	0	0
Department of Public Health of Nova Scotia	379	414	430
Total	440	457	463

Sixteenth Annual Report

OF

Point Edward Hospital

NOVA SCOTIA DEPARTMENT OF PUBLIC HEALTH

SYDNEY, NOVA SCOTIA

FOR THE CALENDAR YEAR
ENDING DECEMBER 31, 1964

POINT EDWARD HOSPITAL

HONOURABLE RICHARD A. DONAHOE
Minister of Public Health

Doctor J. S. Robertson
Deputy Minister

Doctor J. E. Hiltz
Administrator of Tuberculosis Control Services

MEDICAL STAFF

Medical Superintendent	Dr. D. S. Robb
Staff Physician	Dr. T. Krzyski
	Dr. D. M. Muir
Consultants	Dr. D. B. Archibald—Urology
	Dr. W. MacIsaac—Bronchoscopy
Courtesy Consultant	Dr. H. R Corbett—Radiology

NURSING STAFF

Director of Nursing	Miss Katherine MacKenzie
Asst. Director of Nursing	Mrs. Flora MacDonald
Head of Teaching Department	Mrs. Winifred Protheroe
O. R. Supervisor	Miss Helen Chiasson
Evening Supervisor	Miss Margaret Bates
Night Supervisor	Mrs. Edna MacDougall
Relief Supervisor	Miss Helen MacKenzie
Head Nurse—Ward A	Mr. James MacDougall—until May 1964
	Miss Theresa Bisson—appointed June 1, 1964
—Ward B	Mrs. Irene Pierrynowski
—Ward C	Mrs. Elizabeth Reid
—Ward D	Mrs. Lenore Lawley

ADMINISTRATIVE AND TECHNICAL STAFF

Medical Superintendent	Dr. D. S. Robb
Chief Clerk	Mrs. Margaret MacKenzie
Stores Supervisor	Mrs. Isobel MacPherson
Rehabilitation Supervisor	Mr. F. B. Ashmole—resigned April 15, 1964
	Mr. James MacDougall—appointed May 20, 1964
X-Ray Technician	Mrs. Ada O'Callaghan
Laboratory Technician	Miss Margaret Lamond
Dietitian	Mrs. Josephine MacInnes—to N. S. San. May 1, 1964
	Mrs. Edith Burchell—after May 1, 1964
Housekeeper	Mrs. Greta MacDougall
Medical Records	Miss Vivian Fraser

ANNUAL REPORT OF POINT EDWARD HOSPITAL

—1964—

GENERAL INFORMATION

Point Edward Hospital was opened January 14, 1949, by the Tuberculosis Control Services of the Nova Scotia Department of Public Health, in hospital buildings built for the Navy during World War II and leased to the Province when they were no longer required by the Federal Department of National Defense. The hospital is located just across the harbour from Sydney, seven miles by road, beside the Point Edward Naval Base. The hospital is not entirely self-contained, being dependent upon the Navy for steam heat,

which is purchased along with water and electricity. In addition, the Navy has provided "outside maintenance" of our plant, while the Province (the Department of Public Works jointly with the Department of Public Health) has been responsible for inside maintenance of buildings. Thus the hospital will not be seriously affected by the present move of the Federal Government to close down their Point Edward Naval Base, provided the steam heating plant is kept in operation. Present plans are for the Department of Transport to maintain this, for the use of the Coast Guard College and other facilities which will be maintained on the site.

TUBERCULOSIS TRENDS:

The dramatic drop in the death rate from tuberculosis in recent years is well known. This has been accompanied by a very much more gradual decline, with its ups as well as downs, in the number of new active cases discovered each year. Improvements in methods of treatment, with specific chemotherapy combined at times with the surgical removal (instead of mere collapse) of badly diseased tissues, have reduced the necessity for strict bed rest and long periods of hospitalization, and made it possible for many patients to take the latter half of their treatment at home. But the tuberculosis problem remains much greater than is indicated by the declining demand for Tb Hospital beds. Nova Scotia is still a very long distance short of the goal of full control of this infectious disease, while the ultimate goal of eradication lies even more distantly in the utopian future.

OUT-PATIENT SERVICES:

While in the Department of Public Health the responsibility for the discovery of new active or infectious cases among the general public rests with the Health Unit Directors, as does the follow-up of old or inactive cases, nevertheless Point Edward Hospital assists in these important tasks, by operating Out-Patient Chest Clinics at the Hospital. Patients may be referred to this clinic by physicians or by the Health Unit Directors when consultation is required in helping to establish a diagnosis (although when there is a diagnostic problem the patients are frequently admitted for a brief period of more adequate in-hospital investigation). Patients who have been discharged to continue home therapy with the second-line anti-Tb drugs (such as Cycloserine and Ethionamide, which require closer supervision), and other patients with therapeutic problems return to us regularly for follow-up control of treatment. Other patients without specific problems may elect to have their follow-up examinations here because of personal preference or departmental policy as is the case with the Department of Veterans Affairs. During 1964, 395 out-patient chest x-rays on clinic patients were taken, an increase from 310 the previous year.

IN-PATIENT SERVICES:

During 1964 there was a further very slight drop in the number of patients admitted—191 as compared with 198 the previous year. The year-end census was up to 88 from 76 a year earlier, but the average daily census dropped from 94 in 1963 to 79 in 1964.

With the gradual decline in the demand for Tuberculosis Treatment beds there has been an expansion in the Non-Tuberculosis Chest Diagnostic or Investigation service, where cases in which Tb is only one of a number of possible explanations of obscure chest diseases are admitted for full investigation and assessment. During 1964 forty such cases were admitted for investigation of disease which proved to be non-tuberculous, as compared to 31 the previous year. Nine of these proved to be malignant, seven had non-specific bronchopneumonia, five chronic bronchitis and three had uncomplicated pneumonoconiosis or silicosis (as compared with nine whose pneumonoconiosis was complicated by tuberculosis). Further details may be found in the appended statistical table.

Our major in-patient work of course continues to be with tuberculous patients. During 1964, 149 persons were admitted for investigation and treatment. In 29.5% of tuberculous admissions the disease was already moderately advanced, and in 24.2% the disease was in the far advanced stage. It is obvious that the more cases can be diagnosed and treated in their early or minimal stage, the better will be the results of treatment and safer will be the public from the hazard of infection.

Tuberculosis is no longer a young person's disease—15.4% of our tuberculous admissions were 70 years of age or older and 48.3% 50 years of age or older, as compared with 1963 figures of 13% and 46.6% respectively.

Methods of treatment remained unchanged during the year—anti-Tb drugs given in combination (usually two or three different drugs to achieve a "cross-fire effect" to prevent the bacilli from developing a resistance to any one medication), given regularly and uninterruptedly over a sufficiently long period of time, usually two years or more. Rest remains of value, to enable the body to heal the disease. Surgical resection of badly diseased tissues which are unhealed or unhealable after a preliminary course of chemotherapy not only brings better immediate results but lowers the hazard of later reactivation. During the year 104 tuberculous patients were discharged to their homes, in most cases to continue home treatment with anti-Tb drugs; 15 patients were transferred to the N. S. Sanatorium for surgical resection; 4 patients were transferred to other hospitals; 9 left against advice, or were discharged as AWOL, or had to be discharged for disciplinary reasons for the protection of patients who were cooperating on the cure. Four patients died in hospital with Tb or complications therefrom, and two died from unrelated disease. Again, further information may be found in the appended statistical tables.

NURSING AFFILIATION

We have continued to provide a four-week affiliate course in Tuberculosis and Chest Diseases to student nurses undergoing their training in nearby schools of nursing. During the year we accepted 127 such student nurses. We believe that this participation in the training of student nurses is a valuable contribution to the future public health of the province. Students came to us from:

St. Joseph's Hospital	18	Sydney City Hospital	20
Glace Bay General Hospital	16	St. Elizabeth Hospital	26
St. Rita Hospital	21	St. Martha's Hospital	26
			127

STAFF:

The work which has been done must be credited to a faithful and loyal staff, with all departments working together, some in the limelight, others behind the scenes. Fortunately there have been few major staff changes during the year.

Administration:

No changes during the year. No replacement has been appointed to fill the vacancy left by last year's resignation of the Administrative Assistant.

Medical:

No changes during the year.

Nursing:

The Ward A position of Head Nurse, vacated by Mr. James MacDougall's transfer to Rehabilitation, was filled by the promotion of Miss Theresa Bisson,

R.N. Miss Bisson has recently completed an Extension Course in Ward Management, given by the Canadian Hospital Association, and paid for from federal health training grants.

Rehabilitation:

Mr. Francis Ashmole, Rehabilitation Supervisor, resigned on April 15th to accept a position in Charlottetown wih the National Employment Service. His place has been very capably filled by Mr. James MacDougall, R.N., formerly Head Nurse for Ward A. Prior to taking over his new position, Mr. MacDougall attended a three-week Rehabilitation Training Course at the University of Manitoba (financed by a federal health professional training grant), and on his return trip attended the Canadian Tuberculosis Association Annual Meeting in Saint John.

Dietary:

Mrs. Edith Burchell, our dietitian who had retired in February 1962 because of ill health, returned to fill the gap when Mrs. Josephine MacInnes resigned the end of April to transfer to the N. S. Sanatorium, where her husband was undergoing treatment. We were delighted to have Mrs. Burchell back with us, although she cautions us that it is on only a temporary basis, and that we must seek a dietitian who can accept a permanent position.

Housekeeping:

No major changes during the year.

Technical:

Reports of the x-ray and laboratory departments are given in the appended tables. In the x-ray department our two assistant technicians resigned during the summer, and were replaced by a single transfer of Mrs. Donna Bishop from the nursing staff. The Laboratory went through somewhat of a crisis in the autumn, when both our chief and our assistant technicians were off because of illness (infectious hepatitis and a fractured arm). However, the wife of the medical superintendent jumped into the breach, and all was well.

Domestic Staff:

The non-Civil-Servant dietary and housekeeping staff is covered by our contract with the Canadian Brotherhood of Railway, Transport and General Workers. Our relationships with the Union have remained cordial. Wage schedules are increasing yearly, and other benefits enjoyed are much the same as those granted to Civil Servants, with the major exception of retirement benefits.

Total Staff:

Total staff has dropped from 199 in mid-July 1961 to 166 on Dec 31, 1963 and to 153 on Dec. 31, 1964. Staff reductions have been made possible and desirable by a gradual dropping of the patient average daily census. However, the economies of staff reductions have been offset by salary increments, with the objective of making the remuneration to hospital workers competitive with those in other segments of the economy.

ACKNOWLEDGMENTS:

We are grateful to the many in the community who took time during the year to visit or otherwise brighten the stay of patients in hospital. We would mention the clergymen of the various faiths who have visited their parishioners and who have conducted worship services in the hospital. Special thanks are due to those organizations which sponsored entertainments for the patients

during the year or remembered patients at Christmas time—the Beinn Breagh and the Right Honourable Vincent Massey chapters of the I.O.D.E., the MacKeigan chapter of the Order of the Eastern Star, the St. Rita Hospital Ladies Aide, the St. Anthony Daniel Parish Club, the Girl Guides, the Westmount Branch of the Canadian Legion, and particularly the Branch No. 12 of the Canadian Legion, which each year sponsors the Christmas party and supplies toys for the children at Christmas time. To these, and to many others who have helped throughout the year, we would express our thanks.

IN CONCLUSION:

To conclude, the past year has been a successful one, with a further slight reduction in the number of cases of tuberculosis requiring hospital treatment, and an increase in the number of non-tuberculous chest diseases admitted for investigation. However, our enemy, the tubercle bacillus, is far from defeated, and our greatest danger is that complacency should allow us to retire too early from the field—a successful skirmish does not mean that the war is won.

POINT EDWARD HOSPITAL

ANNUAL REPORT

For the Calendar Year ending December 31, 1964

Table 1

STATISTICAL REPORT OF ADMISSIONS AND DISCHARGES

	Male	Female	Total
Patients in Hospital at beginning of year	58	18	76
Total Admissions during the year	127	64	191
Total Under Care during the year	185	82	267
Total Discharges during the year	124	55	179
Patients in Hospital at end of the year	61	27	88
Total Patient Days	21,355	7,555	28,910
Average Daily Census	58	21	79
Patient Days of Patients Discharged or Dead			26,484
Average Length of Hospital Stay			148

Table 2

ADMISSIONS DURING THE YEAR—SOURCE OF PATIENTS

	Male	Female	Total
Tuberculous:			
First Admissions	35	26	61
Readmissions, to resume treatment	14	9	23
Transfers from other Tb Hospitals	10	6	16
To Continue Treatment	6	....	6
For Review and Assessment only	31	12	43
Total	96	53	149
Non-Tuberculous:			
Staff	....	2	2
Other, investigation	31	9	40
Total	31	11	42
TOTAL ADMISSIONS	127	64	191

Table 3

ADMISSIONS: DIAGNOSIS OF PATIENTS ADMITTED DURING THE YEAR

	Male	Female	Total	%
A. Tuberculosis				
Primary	12	8	20	13.4
Minimal	13	13	26	17.4
Moderately Advanced	29	15	44	29.5
Far Advanced	26	10	36	24.2
Pleurisy with effusion	1	....	1	.7
Pulmonary Tb with occupational disease	9	....	9	6.0
Genito-urinary tuberculosis	6	7	13	8.7
	96	53	149	99.9
B. Non-tuberculous				
Staff:				
Pharyngitis and otitis media		1	1	
Fracture of Ulna		1	1	
		2	2	
Other:				
Arteriosclerotic heart disease	2	....	2	
Atelectasis	....	1	1	
Bronchiectasis	1	....	1	
Bronchitis, chronic with emphysema	5	....	5	
Bronchopneumonia	4	4	8	
Carcinoma of lung	6	....	6	
Carcinoma of kidney with pulm. spread	1	....	1	
Carcinoma of G.I. tract pulm. spread	2	....	2	
Cardiomegaly due to pectus excavatus	....	1	1	
Cor Pulmonale	1	....	1	
Farmer's Lung	1	....	1	
Hodgkin's Disease	....	1	1	
Multiple Myeloma	....	1	1	
Oesophageal Foreign Body	1	....	1	
Periarteritis suspected	....	1	1	
Pneumoconiosis, simple	3	....	3	
Sarcoidosis	1	....	1	
Smoker's pharyngitis and bronchitis	1	....	1	
No demonstrable disease	2	....	2	
	31	9	40	
C. TOTAL	127	64	191	

Table 4

ADMISSIONS: AGE AND SEX OF PATIENTS ADMITTED

Age	TUBERCULOUS			NON-TUBERCULOUS			TOTAL		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0— 9	4	4	8	....	1	1	4	5	9
10—19	5	5	10	2	....	2	7	5	12
20—29	11	8	19	2	2	4	13	10	23
30—39	14	3	17	1	....	1	15	3	18
40—49	14	9	23	5	3	8	19	12	31
50—59	22	9	31	11	3	14	33	12	45
60—69	13	5	18	5	1	6	18	6	24
70 and over	13	10	23	5	1	6	18	11	29
	96	53	149	31	11	42	127	64	191

TABLE 5

RESIDENCE OF PATIENTS ADMITTED

Cape Breton County	121	
Inverness County	25	
Richmond County	19	
Victoria County	15	
Cape Breton Island		180
Antigonish County	5	
Halifax City and County	2	
Yarmouth County	1	
Guysborough County	1	
Hants County	1	
Nova Scotia Mainland		10
Other Provinces of Canada	....	
Other countries — U.S.A.	1	1
Total Admissions		191

TABLE 6

SPONSORSHIP OF HOSPITALIZED PATIENTS

	In Hosp. Jan. 1/64	Admitted 1964	Discharged 1964	In Hosp. Dec. 31/64	Hosp. Days
Dept. National Health and Welfare					
a) Immigration Medical Service	0	0	0	0	
b) Indian and Northern					
—Eskasoni Agency	10	26	20	16	3160
—Shubenacadie	0	0	0	0	0
c) Sick Mariners Service	0	0	0	0	0
Department of Veterans Affairs	2	14	16	0	473
Reciprocal Agreement — Ontario	1	1	1	1	402
Private (U.S.A.)	0	1	1	0	1
N. S. Dept. Public Health	63	149	141	71	24874
	76	191	179	88	28910

TABLE 7

DISCHARGES DURING THE YEAR—CLASS OF PATIENT

	Male	Female	Total
Tuberculous	93	44	137
Non-Tuberculous:			
Staff	....	2	2
Other (investigation)	31	9	40
	124	55	179

TABLE 8

DISCHARGES: ADMISSION DIAGNOSIS OF DISCHARGED TBC PATIENTS

	Male	Female	Total	%
Primary	11	6	17	12.4
Minimal	11	11	22	16.1
Moderately advanced	28	9	37	27.0
Far advanced	27	10	37	27.0
Miliary	1	....	1	.7
Silico-tuberculosis	9	....	9	6.6
Non-pulmonary tuberculosis	6	8	14	10.2
	93	44	137	100%

TABLE 9

DISCHARGES: CLINICAL CONDITION OF PATIENTS ON DISCHARGE

	Male	Female	Total	%
Pulmonary Tuberculosis:				
Inactive	20	4	24	17.5
Quiescent	22	12	34	24.8
Activity Undetermined	1	....	1	.7
Active—improved	37	20	57	41.6
—Unimproved	2	....	2	1.5
Dead—from Tb or complication of Tb	4	....	4	2.9
—from unrelated disease	1	....	1	.7
Extra-pulmonary Tuberculosis:				
Inactive	2	2	4	2.9
Quiescent	1	1	2	1.5
Active—Improved	3	4	7	5.1
—Unimproved	....	1	1	.7
Total Tuberculosis	93	44	137	100%
Non-tuberculous:				
Recovered or improved	11	7	18	42.8
Unimproved	17	4	21	50.0
Dead	1	....	1	2.4
No demonstrable disease	2	....	2	4.8
	31	11	42	100%

TABLE 10

TYPE OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS

	Male	Female	Total	%
On medical advice	69	35	104	75.9
Transfer to N. S. Sanatorium	10	5	15	10.9
Transfer to other hospitals	1	3	4	2.9
Irregular Discharge				
Against medical advice or A.W.O.L.	6	1	7	5.1
Disciplinary	2	....	2	1.5
Died	5	....	5	3.6
	93	44	137	100%

TABLE 11

MARITAL STATUS OF DISCHARGED PATIENTS

	Male	Female	Total
Single	45	23	68
Married	64	20	84
Widowed	11	10	21
Separated	4	1	5
Divorced	....	1	1
	124	55	179

TABLE 12

OUT-PATIENT SERVICES

	Patients	Visits
Chest Clinic —D.V.A. patients	134	201
—other out-patients	66	193
—staff clinical exam	5	15
—staff chest x-rays		608
Staff clinic (non Tbc conditions)		316
Tuberculin testing		
—Heaf Tests, staff		27
—Mantoux (P.P.D.)		11
—B.C.G.		9

TABLE 13

REPORT OF X-RAY DEPARTMENT

	Patients	O. P.	Staff	Total	T.M. Units	R.M. Units
Chest —single	509	378	607	1494	2988	2988
—multiple	163	8	1	172	516	344
Planigraphic series	92	9	....	101	505	505
Bronchographic series						
—unilateral	20	....	....	31	80	80
—bilateral	11	....	....			
Abdomen	8	....	....	8	16	16
Gall Bladder	5	....	....	5	20	15
Pyelogram, intravenous	6	....	....	6	36	18
retrograde	25	....	....	25	100	50
Ribs and shoulders	4	1	2	7	16	14
Skull series	7	....	....	7	21	21
Spine	20	9	6	35	140	105
Pelvis and Hips	8	....	....	8	16	16
Extremities	30	7	9	46	92	92
					4601	4330
B.M.R.	2	....	....	2		
Electrocardiogram	90	6	3	99		
Pulmonary Function	38	2	....	40		

TABLE 14

PATIENTS DISCHARGED: TUBERCULOSTATIC DRUGS USED WHILE IN HOSPITAL

Streptomycin	84	patients
Isoniazid	105	
P.A.S.	87	
Cycloserine	25	
Ethionamide	8	
Thiosemicarbazone	1	
Isoxyl	2	
Pyrazinamide	1	
Number of patients receiving anti-Tb drugs (excluding patients in "for review" and not requiring treatment this admission)		107

TABLE 15

OPERATING ROOM DEPARTMENT PROCEDURES

By our consultants:

E.E.N.T. PROCEDURES (Dr. W. MacIsaac)	
Bronchoscopic examinations	37
Oesophageal exam—foreign body removal	1
Ear examination	1
Eye examination	1
Laryngeal examination	3
Nasal examination	3
Other consultations	3
UROLOGICAL PROCEDURES (Dr. D. B. Archibald)	
Cystoscopic Examinations	36
Dilatation of ureter or urethra	8
Other consultations	10
Anaesthesia, spinal	3
Rectal Exam	3
GYNECOLOGICAL PROCEDURES (Dr. N. K. MacLennan)	
Pelvic Exam	2
DENTAL PROCEDURES (Dr. Talim Hasein Ibrahan, D.P.H. Staff Dentist)	
Examinations	35
Extractions	78
Fillings	110
Prophlactics	14
Sutures	2

TABLE 16

LABORATORY REPORT: WORK DISTRIBUTION

	Units done in Hospital		Units Referred Out	
	In-Patients	Out-Patients	In-Patients	Out-Patients
Bacteriology	3282	12	15887	246
Haematology	3884	2331	9	....
Biochemistry—blood	5372	411	395	15
Biochemistry—Urine	1637	34	....	....
Pathology, cytology, and autopsy	....	....	670	....
Blood Bank	....	....	21	....
Procurement and handling of specimens	1704	471	....	....
Other	138	24	247	1
TOTAL	16017	3283	17229	262

	In-Patients	Out-Patients	Total
Work performed in hospital	14313	2812	17125
Procurement & handling of specimens	1704	471	2175
TOTAL WORK PERFORMED	16017	3283	19300
Work Referred out to Prov. Lab	15887	246	16133
Work Referred to other Laboratories	1342	16	1358
TOTAL REFERRED OUT	17229	262	17491
GRAND TOTAL	33246	3545	36791